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| NHS Equality Delivery System 2022 |
| EDS Reporting Template |
|  |
| Version 1, 15 August 2022 |

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## Equality Delivery System for the NHS

***The EDS Reporting Template***

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: [www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/](http://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/)

The EDS is an improvement tool for patients, staff and leadersof the NHS.It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Reportis a template which is designed to give an overview of the organisation’s most recent EDS implementation and grade. Once completed, the report should be submitted via [england.eandhi@nhs.net](mailto:england.eandhi@nhs.net) and published on the organisation’s website.

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| **Name of Organisation** | | Moorfields Eye Hospital | **Organisation Board Sponsor/Lead** | | |
| Sue Steen | | |
|  |  |  |
| **Name of Integrated Care System** | | NCL |
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## NHS Equality Delivery System (EDS)

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| **EDS Lead** | Ade Adetukasi | | **At what level has this been completed? All 3 Domains** | |
|  |  |  |  | **\*List organisations** |
| **EDS engagement date(s)** | 19/11/2024  16/01/2025  20/01/2025 | | **Individual organisation** | X |
|  |  |  | **Partnership\* (two or more organisations)** |  |
|  |  |  | **Integrated Care System-wide\*** |  |

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| --- | --- | --- | --- |
| **Date completed** | 20/01/2025 | **Month and year published** | March 2025 |
|  |  |  |  |
| **Date authorised** |  | **Revision date** |  |
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| --- | --- |
| **Completed actions from previous year** | |
| **Action/activity** | **Related equality objectives** |
| N/A | N/A |
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## EDS Rating and Score Card

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| Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly  Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below | |
|  | |
| **Undeveloped activity** – **organisations score out of 0** for each outcome | Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** |
| **Developing activity** – **organisations score out of 1** for each outcome | Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing** |
| **Achieving activity** – **organisations score out of 2** for each outcome | Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving** |
| **Excelling activity** – **organisations score out of 3** for each outcome | Those who score **33,** adding all outcome scores in all domains, are rated **Excelling** |

## Domain 1: Commissioned or provided services

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| **Domain** | **Outcome** | **Evidence** | **Rating** | **Owner (Dept/Lead)** |
| ***Domain 1: Commissioned or provided services*** | 1A: Patients (service users) have required levels of access to the service | [**Interpreting Services** (DA Languages)](https://dals.co.uk/) - DA Languages provide BSL, telephone and face to face interpreting services. They also provide a translation service, and they have over 500 languages covered.  [**Eye Clinic Liaison Officer (ECLO):**](https://eyeq.moorfields.nhs.uk/cvi-eclo-and-living-with-sight-loss)ECLOs provide advice and information about services outside the hospital for patients living with sight loss. ECLOs are available to offer emotional support and practical advice to all patients at Moorfields, their families and carers.  ECLOs can help a patient understand their diagnosis and provide information about counselling services at Moorfields and in the community.  [**Low Vision Service**](https://eyeq.moorfields.nhs.uk/search/event/clinical-lunch-and-learn-low-vision-assessment-lva-697)**:** Provide low vision assessments. Held clinical lunch and learn to introduce the service and explain what happens during ‘Low Vision Assessment (LVA).  [**Counselling Service:**](https://eyeq.moorfields.nhs.uk/whats-new/moorfields-eye-charity-funds-childrens-counselling-service-expansion-2433)Counselling service for all ages, Moorfields Charity funds specific children’s services expansion. Referrals made by Moorfields staff.  [**Transport service to eligible patients:**](https://eyeq.moorfields.nhs.uk/transport)People who require the skills or support of NEPTS staff on/after the journey and/or where it would be detrimental to the patient’s condition or recovery if they were to travel by any other means.  People with a medical condition(s) that impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient’s condition or recovery to travel by other means.  [**Friends and Family Feedback including an advisory council for patients:**](https://eyeq.moorfields.nhs.uk/friends-and-family-test)  The friends and family test is a national measure of patient satisfaction for all providers of NHS care in England.  It allows staff to see what patients think of the care they receive when visiting the trust.  It helps us understand how we can improve the quality of the services we provide based on what patients are telling us.  [**Patient Experience Coordinators:**](https://eyeq.moorfields.nhs.uk/whats-new/introducing-our-new-patient-experience-coordinators-at-city-road-1773)Their role is to ensure patients receive high quality patient care. Feedback from patients has been positive.  [**PALS:**](https://eyeq.moorfields.nhs.uk/patient-advice-and-liaison-service-pals)Our PALS team provides confidential advice and support to patients, carers and relatives to help resolve concerns about their care and guide them through our services. The team helps solve problems quickly and passes on comments and suggestions for improving our services.  **Identified area for wheelchair users:**  [**AA (Attend Anywhere)**](https://eyeq.moorfields.nhs.uk/whats-new/video-consulting-supporting-our-patients-to-receive-care-1947)**:** Video consultations supporting patients to receive care. A&E virtual waiting room that patients could access from home via smart phones, laptops or iPads. This reduces the risk to patients, who can have underlying health conditions which makes them vulnerable on the journey to City Road or spending time in the hospital.  [**Staff Training**](https://eyeq.moorfields.nhs.uk/learning-and-development)**: (ensuring staff are up to date with mandatory training)**   * Patient Information Monitors located in every specialist clinic * Bariatric chairs in the clinic waiting area * Stretcher patient processes for reasonable adjustments * Handheld diagnostic machines (handheld slit lamps, ICare, Indirect/Direct Ophthalmoscope) * [Volunteers](https://eyeq.moorfields.nhs.uk/whats-new/recognising-the-contribution-of-our-volunteers-4050) to assist patients when needed e.g. taking patients to pharmacy, giving directions and helping frail patients in managing personal needs (toilet trips). * Porters * OE Flagging – (dementia, learning disability, patient at risk) * MEH Direct Helpline  |  | | --- | | Policies used to ensure equal access to services: | | [Equality, Diversity and Inclusion Policy](file:///\\applications2\SIRIUSJ\EDI\DATA%20DRIVEN%20CHANGE\EDS\Domain%201\Equality-Diversity-and-Inclusion-v5.0-FIFTH-EXTENSION.pdf) | | [Mental Capacity Act and Deprivation of Liberty Safeguards Policy (Domestic abuse and abuse)](file:///H:\EDI\DATA%20DRIVEN%20CHANGE\EDS\Domain%201\Mental-Capacity-Act-MCA-and-Deprivation-of-Liberty-Safeguards-Policy-v3.0-EXTENDED.pdf) | | [Consent Policy](file:///H:\EDI\DATA%20DRIVEN%20CHANGE\EDS\Domain%201\Consent-v4.1-THIRD-EXTENSION.pdf) | | [Privacy and Dignity Policy](file:///H:\EDI\DATA%20DRIVEN%20CHANGE\EDS\Domain%201\Privacy-and-Dignity-v4.3-EXTENDED.pdf) | | [Moving and Handling Policy](file:///H:\EDI\DATA%20DRIVEN%20CHANGE\EDS\Domain%201\Moving-and-Handling-v3.5-THIRD-EXTENSION.pdf) | | [Complaints Policy](file:///H:\EDI\DATA%20DRIVEN%20CHANGE\EDS\Domain%201\Complaints-v5.0.pdf) | | [Data Protection Policy](file:///H:\EDI\DATA%20DRIVEN%20CHANGE\EDS\Domain%201\Data-Protection-v1.1-SECOND-EXTENSION.pdf) | | [Dementia / Learning Disability Policy](file:///H:\EDI\DATA%20DRIVEN%20CHANGE\EDS\Domain%201\Dementia-v3.1-FIFTH-EXTENSION%20(1).pdf) | | [Incident Reporting Policy](file:///H:\EDI\DATA%20DRIVEN%20CHANGE\EDS\Domain%201\Incident-and-Serious-Incident-Reporting-v5.3-THIRD-EXTENSION-PSIRF.pdf) | | [Interpreting and Translation Policy](file:///H:\EDI\DATA%20DRIVEN%20CHANGE\EDS\Domain%201\Incident-and-Serious-Incident-Reporting-v5.3-THIRD-EXTENSION-PSIRF.pdf) | | [Non-emergency Patient Transport Policy](file:///H:\EDI\DATA%20DRIVEN%20CHANGE\EDS\Domain%201\Non-emergency-patient-transport-v1.4-SIXTH-EXTENSION.pdf) | | [Security Policy](file:///H:\EDI\DATA%20DRIVEN%20CHANGE\EDS\Domain%201\Security-Policy-v3.1-EXTENDED.pdf) | | [Slips, trips and falls Policy](file:///H:\EDI\DATA%20DRIVEN%20CHANGE\EDS\Domain%201\Slips-Trips-and-Falls-v2.5-THIRD-EXTENSION.pdf) |   **Young adults:** Designated area to wait, prioritised, reasonable adjustment, safeguarding, inclusion of carer and family member.  **E.g.** Transition clinic, play specialists, Emotional support – Counsellors, App, FAQ, Digital Patient Information, PAS flagging system, Giving adequate time in clinic, Safeguarding team, Counselling service, MEH Direct, AA support, WET AMD service, Weekend Clinics, Telephone clinics and virtual service, SMS appointment reminders, Ers online booking service.  **Adult & Elderly patients:**  **Race** - patient information about their care, consultation information, risk information about their care, Language line interpreting service.  **E.g.** Improved interpreting service  **Religion and Belief** - multi-faith prayer room, Ramadan patient information, Chaplaincy service, choice of male or female clinician or nurse.  **E.g.** Quiet spiritual room, multi-faith room  **Sexual Orientation & Gender Identity** – Non-discrimination policy, inclusive care, preferred name, pronunciation of name and gender identity.  **E.g.** Education and training for staff, gender neutral toilet  **Pregnant/breastfeeding mothers:** Policy drops, accessible toilet, medicine management. Assessment, patient information, prioritise care  **E.g.** Contraindicated eye drops, mother and baby room. Comfortable waiting area  **Mental health:** Accessible mental health crisis support helpline (02073777000), mental health awareness webinars (Well- being intranet page), Contracted with East London Foundation Trust (ELFT) provides information on clinical management, mental health guidelines, SADPERSON Framework (Under Patient mental health initiative and support line located on EyeQ page), counselling service, safeguarding champion, mental health/welfare champions, referral to GP  **E.g.** [SADPERSON Framework](https://eyeq.moorfields.nhs.uk/whats-new/-patient-mental-health-initiative-and-support-line-opens-865) – (On EyeQ page)  **Language and communication:** brochures, signage, language line translation, face to face, text, email, coloured floor markings.  **E.g.** Information in Braille. Announcement of waiting time in the clinic done verbally and through the information board  **Disability:** Mobility support - wheelchairs, ramp, accessible seating area, portering service, handrails, hoist, lifts, volunteers, patient experience co-ordinator, nursing staff to guide, accessible pharmacy, signage, Toilet call bells, LED green light, sliding doors, portable slit lamp, pachymeter, indirect ophthalmoscope, I-Care, PAS, PEEP ((Patient Emergency Evacuation Plan) Form, priorities, signpost for support  **E.g.** Transport provisions/Stretcher support  **Visual impairment:** Braille in lift and artworks, green line from old street station leading to MEH), art gallery, floor signpost, British sign language (BSL), large font size sign, volunteers, dog refuge area, patient experience co-ordinator, CVI registration, K-Picture chart, E Chart, Low vision aid, referral to optician, Optometrist, ECLO service, RNIB partnership, sight loss awareness campaign, sight loss awareness training, adequate lighting, Helping hand sticker, Open Eyes Risk Flag, Voice information on lifts (Talking lifts).  **E.g.** Larger font for patient information, ECLO and GP for support, navigation device, Floor markings for directions, Patient Experience Coordinators for support, Talking lift  **Speech/Hearing Impairment:** Translator, hearing loop, sensor calling device, caption video in waiting area, patient experience co-ordinator, PAS, Helping hand sticker, Open Eyes Risk, digital information screen.  **E.g**. Allocated quiet area, Hearing loop systems Improving NHS Staffing ratio, Staff training, Include family and carer, E-Picture chart / K Picture chart  **Neurodiverse:** Assessment,patient information, health information exchange (HIE), CITO Designated waiting area, patient experience co-ordinator, K-picture chart, E-Chart, prioritising and co-ordinating care, inclusion of carer and family member. PAS, helping hand sticker, Open Eyes Risk, policies and guidelines, flagging system, Hospital passport, This is me booklet, Learning Impairment passport.  **E.g.** Quiet area sensory – friendly waiting area, time allowance, prioritising, flagging system  **Diabetes:** Assessment, following care management hypo or hyperglycaemic protocol, prioritising and co-ordinating care, offering food and drinks, patient information on eye care, wheelchair access, wheelchair access, referral to GP.  **Immunocompromised:** PPE, Cito  **Autoimmune diseases:**  Prioritise care  **Infectious disease:**  PPE, Designated area, protocols, wipes, hand washing facilities, domestic, infection control team, incident reporting system  **Respiratory illness:**  assessment, oxygen therapy with prescription, wheelchair access, patient experience co-ordinator, prioritise care  **Housebound:**  Hospital transport, ophthalmologist, optometrist, carer and family member, patient experience co-ordinator, portering service, portable slit lamp, ICare, Ishihara, policy, site cover nurse, food and drink.  **E.g.** Call bell, Wheelchair access waiting time, Early identification, Safeguarding, Patient education, Include families and carers, Discuss treatment available | 1 | Glaucoma/Medical Retina |
| 1B: Individual patients (service users) health needs are met | **Foster Open and Effective Communication:** Active listening – allow patients to share concerns, preferences without interruptions. Reflect back what they’ve said to confirm understanding.  Ask open-ended questions – asking question that will encourage their thoughts.  Plain Languages – avoid medical jargon, explain options and procedures in terms the patient can understand.  **Provide Information and Education:**  Explain All Options – clearly outline risks, benefits or any alternatives of proposed treatment or interventions. Use visual aids / infographics  **Respect Patient Preferences and Autonomy:** Informed Consent always ensure that patients have the information they need to make informed choices.  Cultural and Personal Considerations like religious beliefs, cultural practices and personal values.  **Understand Patient Individual Needs:** Holistic assessment – assess not just physical symptoms but also emotional, social and psychological needs.  Cultural sensitivity – show respect for cultural, religious and language needs by offering interpreters.  Build Trust – establish rapport by showing genuine care and empathy.  **Involve Family and Carers when appropriate:** If patient agrees involve family members or carers in discussion about care.  Family support as needed.   **Training of Staff in Patient-Centred Care:** Communication skills which build rapport and gains trust from patients.  Awareness of cultural differences be sensitive to the diverse needs of individuals.  **Use Feedback to Improve:** Encourage feedback – use surveys ie: FFT to gather on how patients’ needs are being met.  Act on Feedback – ensures patients feel heard.  **Clarification with Patients:** Check with patients and confirm that they understand decisions and agree. | 1 | Medical Retina/Glaucoma |
| 1C: When patients (service users) use the service, they are free from harm | **Create a Safe Physical Environment:** Risks assessment regularly assess the clinic for hazards, including trip hazards and faulty equipment.  Infection Control follow strict hygiene protocols to prevent any spread of infections.  Provide mobility aids like wheelchairs, Zimmer frames.  **Prevent Abuse and Neglect**: Safeguarding Training – making sure all staff are trained to recognize and report signs of abuse and neglect promptly.  Monitor incident reports.  **Respond Quickly to Issues**: Address concerns promptly – investigate and resolve complaints without delay.  Apologise when necessary – offer sincere apologies  **Foster a Culture of Safety and Respect:** Encourage openness – promote a culture where staff and patients feel safe raising concerns.  **Team Collaboration** – team working among staff to share responsibility for protecting patients.  Support Vulnerable Patients: Specialised Care – provide targeted support for high risks groups such as the elderly, children and those with mental health challenges.  **Communication Support:**  Use clear language  Encouraged Feedback  Active Listening  **Ongoing Training and Development:**  Safeguarding training  Respecting Cultural Diversity  Leading with Compassion Training | 2 |  |
| 1D: Patients (service users) report positive experiences of the service | PLACE audit – Patient Led Assessment of the Care Environment  FFT – Friends and Family Test  Incident reports  Complaints  Compliments / Thank you feedback  **Glaucoma Feedback from FFT:**  “The customer care was excellent – they really looked after me.”  “Just wanted to say amazing service and totally put at ease as was very nervous.”  “Nothing to improve. Well run place. Efficient and courteous staff. Everything explained clearly.”  “Nothing really, one of the tests the staff member did not wipe the machine clean. Of Course they may have cleaned it straight after the last patient.”  “Less waiting time.”  “Brighter illumination but gather you can’t do that, department shown on signage on ground floor.”  **Medical Retina Feedback from FFT:** (Positive and Negative) however unable to identify patient demographics.  “I'm very happy with the help from the whole team. They always have worked extra miles to help patients when under pressure. Highly appreciated and grateful  “June - who did injection is excellent very professional”  “Gold star! Keep up the excellent work”  “The staff were excellent with my wife. She was very disruptive, and they were all brilliant handling her. I cannot thank them enough. Please let them know my feelings”  “Nothing they were super kind efficient patient, and I didn't have to wait at all 10/10”  “It was already perfect! Couldn't be better. Many thinks to the team in Clinic 10 who took care of me. You excelled.” | 1 | Medical Retina/Glaucoma |
| **Domain 1: Commissioned or provided services overall rating** | | | 5 |  |

## Domain 2: Workforce health and well-being

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| **Domain** | **Outcome** | Evidence | **Rating** | **Owner (Dept/Lead)** |
| ***Domain 2:***  ***Workforce health and well-being*** | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | * **Thrive at Moorfields Programme**: This program aims to support both physical and mental health, aligning its structure with evidence from scientific literature, organizational data, and stakeholder insights. Notably, the program includes: * **HealthHero Assist**: An Employee Assistance Program offering free, confidential services, such as counseling, health information, and mental wellness resources. It’s accessible 24/7, enabling staff to address both work-related and personal issues. * **Able Futures**: Provides tailored mental health support, offering staff up to nine months of personalized mental health guidance, focusing on resilience and coping strategies for workplace stressors. * **Diet and Wellness Webinars**: Nutrition-focused webinars led by dieticians address the impact of diet on mood, energy, immunity, and sleep. These webinars support physical health while linking these aspects to mental wellness, emphasizing overall health management. * **Diabetes webinar hosted by BeMoor network**   **Additional Health & Wellbeing Initiatives**:   * **Financial Health**: Services like Price Financial Planning and FinWell offer staff financial guidance, recognizing the mental health impact of financial strain. * **Physical Health Resources**: Access to free or discounted resources, including Pilates at your desk, Vivup benefits (e.g., Cycle to Work), and discounted gym memberships, promotes physical activity and wellness. * **Menopause Advocates and Virtual Cafés**: These resources offer specific support for managing menopause, providing safe and confidential spaces for sharing experiences and accessing information. * **Wellbeing Training Modules**: Sessions like “Managing Stress” and “Leading with Compassion” (including a wellbeing module) equip staff with stress management tools and reinforce leadership empathy in workplace health. * **Headspace**, **Hardship Grants**, **Employee of the Month**, and **Menopause Cafés** * **Cycle to work scheme** * **Posters around the Trust promoting healthy living and healthier choices** * **Occupational health:** provided by NLPSS. | 2 | Wellbeing team |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | **Equity, Diversity, and Inclusion (EDI) Program:**   * **Anti-Racism Charter part of Psychological Safety Initiative**: Signed in June 2024, this charter includes 20 pledges aimed at creating an anti-racist work environment. Key pledges address internal and external challenges, provide a robust reporting mechanism for racism and abuse, and promote staff psychological safety. Staff are trained in anti-racism and unconscious bias, with an emphasis on equity in discipline and grievance processes. * **Share Not Declare Campaign**: Aimed at building psychological safety, this initiative encourages open communication about identity and belonging without stigma, bolstering a culture of support and acceptance.   **Well-Being and Racism Impact Awareness:**   * **Wellbeing initiatives combating racism and supporting workforce**: By creating a focus group involving wellbeing team, union members, FTSU, Staff Networks, colleagues with lived experiences and EDI team we have started the initiative to explore this agenda. * **Working with NHS Muslim National Network for promoting Mental Health and Islamophobia**: We have reached out to the Muslim NHS National network for support. Their priority this year is focusing on wellbeing and mental health. We have requested them to do sessions as part of our BME network.   **Staff Networks and Listening Events:**   * **Dedicated Networks**: Networks such as BeMoor (BME support), MoorAbility (disability support), and MoorPride (LGBTQ+ support) provide platforms for underrepresented groups to share their experiences safely. They support the organization’s inclusive ethos, contribute to initiatives like the Career Sponsorship Program for BME colleagues, and address network-specific challenges (e.g., developing the Trust’s Transgender policy). We are also launching Woman’s network by next month. * **Networks involvement on policy creation:** Involving networks to build inclusive policies for exampleMoorPride Network co creating Transgender Policy and MoorAbilty for Workplace Adjustment Guidance for Managers. * **Action on Bullying and Harassment**: WRES/WDES reports highlight targeted actions. For instance, the organization’s 2024 data indicates a reduction in bullying and harassment incidents among BME staff and disabled staff, while continued training and monitoring help identify areas for improvement. Active Bystander training enables staff to intervene in instances of inappropriate behaviour. * **Dignity at work policy** | 1 | Wellbeing team  EDI  Union  ER |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | **Thrive at Moorfields Sessions for Staff Networks**   * **Delivered sessions for all networks**: Oct and Nov 2024 wellbeing team delivered these session for BeMoor, MoorPride and MoorAbility which inclusion information for:   + **HealthHero Assit – Our EAP**   + Hardship Grant   + Menopause support at MEH   + Health and Wellbeing Opportunity   + Vivup – employee benefits provider   + Benefits and Discounts   + Dedicated page on staff intranet (Health and Wellbeing on eyeQ)   **Health and Wellbeing Support Services**:   * **HealthHero Assist and Able Futures**: Both services offer confidential support for emotional issues, including counselling for workplace and personal challenges, and signposting to resources for managing workplace violence, bullying, and harassment.   **Freedom to Speak Up (FTSU) Guardians**:   * **Awareness Campaigns and Support Accessibility**: FTSU Guardians raise awareness through site visits, walkabouts, and presentations at monthly inductions and governance meetings. By distributing informational leaflets and hosting lunch-and-learn sessions, the Guardians inform staff about reporting avenues and the support available. * **Work in Confidence Platform**: This anonymous reporting tool has been implemented to offer staff a confidential way to share concerns without fear of retaliation, encouraging a more open reporting culture. Staff concerns average about 15 reports per month, with significant issues like bullying and harassment highlighted for response.   **Training for Empowerment and Protection**:   * **Active Bystander Training**: Equips staff with the confidence and skills to address or report inappropriate behaviour, supporting a respectful workplace culture. We have trained over 700 colleagues in the Trust. * **Stress Management Workshops**: Sessions offered to all staff provide tools to recognize, manage, and alleviate workplace stress, addressing both individual and systemic stressors.   **Wellbeing and Anti-Racism Group:**   * **Supporting the Unison Anti-Racism Charter**: Working with different teams including wellbeing, EDI, ER, Unison and FTSU to ensure we provide support to our colleagues. | 2 | Wellbeing team |
| 2D: Staff recommend the organisation as a place to work and receive treatment | * **Staff Survey and Pulse Survey Results:** Our 2023 staff survey received a 66% participation rate, with 63.3% of respondents indicating that they would recommend the organization as a place to work—surpassing the national average of 61.12%. Data from the July 2024 Pulse Survey, with 318 respondents, shows that 54.3% expressed positive sentiments about recommending the workplace, while 23.9% were neutral, and 21.8% expressed negative sentiments. * **Psychological Safety and EDI Initiatives:** Our plan is to build psychological safety and championing anti-racism through the new EDI program, enhancing workplace culture, and supporting an inclusive environment that aligns with staff values. * **Trust Commitment:** The organisation’s commitment to fostering an inclusive culture, particularly through our new EDI Vision and EDI Programme directly supports these inclusion and belongingness initiatives. The three workstreams: Leadership and Culture, Data Driven Change and Fair Opportunities for All are focused on supporting programs such as the Share Not Declare campaign and the Anti-Racism Charter and have been instrumental in enhancing psychological safety and promoting open communication. These initiatives contribute to building a supportive environment that aligns with Trust and staff values, strengthening their engagement and satisfaction with the workplace. | 1 | OD |
| **Domain 2: Workforce health and well-being overall rating** | | | 6 |  |

## Domain 3: Inclusive leadership

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| **Domain** | **Outcome** | **Evidence** | **Rating** | **Owner (Dept/Lead)** |
| ***Domain 3:***  ***Inclusive leadership*** | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | **Culture and Strategic Leadership**  Moorfields has made significant strides in promoting diversity, equity, and inclusion (EDI) at all levels of its decision-making operations, including within its governance structures. The Board of Directors plays a pivotal role in ensuring that EDI principles are not only integrated into Moorfields’ policies and practices but are also seen as central to our culture and patient care. Board members work hard to demonstrate commitment to health inequalities, equality, diversity and inclusion.  The Board of Directors plays an essential role in leading, monitoring, and championing diversity, equity, and inclusion within the healthcare system. Through training, reviewing detailed reports and metrics, listening to staff and patient stories, and developing action plans, they are working to ensure that not only is Moorfields an employer of choice but also an equitable healthcare provider for all communities. However, directors recognise that there is much more to be done.  At a strategic level, the Board of Directors sets the vision and organisational culture that emphasises EDI. This involves:  Leading by Example: The Board leads by example, demonstrating a commitment to diversity, equity, and inclusion in their own behaviour and leadership style. This includes showing respect for diverse perspectives and acting as champions for inclusivity. The Trust Chair is exploring positive action(s) to increase the diversity of Trust Board membership.  Accountability: Board members are held accountable by the NHSE, CQC, and Membership Council for progress on EDI goals. This includes involvement in the recruitment of diverse leadership and ensuring that EDI goals are linked to overall organisational performance reviews. In turn, the Board monitors and evaluates the performance of executive delivery at Moorfields. The Annual Report and Accounts contain detailed reporting on EDI across Moorfields, these are submitted to the AGM of our members where senior executives and board members are available to answer any questions.  Well-Led: we keep our corporate governance arrangements under review to ensure they meet the standards set out in the NHS England’s Well-Led Framework. A Well-Led  Developmental Review was conducted in July 2022 by our internal auditor, RSM UK.  Embedding EDI into Strategy: the Board ensures that EDI is embedded in Moorfields broader organisational strategy. This means ensuring that every aspect of the NHS, from recruitment practices to patient care strategies, reflects EDI principles. The trust’s EDI strategic objectives are informed by qualitative and quantitative data, which include our Staff Survey results, our Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) submissions, our Gender Pay Gap (GPG) submission, and feedback from our staff networks. They are:  • Increase the diversity of our leadership and management teams.  • Build a strong and positive culture of inclusion and belonging.  • Improve the collection, reporting and transparency of our EDI data.  Employee relation cases: are to be reviewed and monitored at Board level from 2025.  Diversity information is included to enable themes to be identified and addressed.  **Evidence:** [Well Led review final report](file:///C:\Users\SiriusJ\Downloads\25%20220726%20Moorfields%20Well%20Led%20-%20Report%20final.pdf), [IPR](file:///C:\Users\SiriusJ\Downloads\9%20241128%20TB%20Part%20I%20Item%2010%20IPR%20October%202024%20(OPEN%20Version).pdf), Senior Independent Director is Lead of FTSU, Chair of the People & Culture Committee is Lead for Diversity, Annual Report & Accounts, NEDs self-assessment returns, Membership Council holds Board to account (minutes) - , using diversity specialist recruitment agency, strategy. The Board has promoted establishing new position of Associate Non-executive Director as a development programme created and designed to support the next generation of talented people from groups who are currently under-represented on the Moorfields Boards (MS minutes, draft pack).  Aaron Rajan (NED) has written a public press article related to racial inclusion as part of his role at Unilever <https://techinformed.com/how-unilever-is-ensuring-inclusivity-in-its-ai-powered-beauty-experiences/>.  **Continuous Learning**  At the core of ensuring that the Board of Directors understands and is equipped to drive EDI is comprehensive and ongoing learning. This learning focuses on several key areas:  Unconscious Bias Awareness: Directors receive training in identifying unconscious bias, which can influence decision-making and the equitable treatment of staff and patients. They learn to recognise biases based on race, gender, sexual orientation, disability, and other protected characteristics.  Cultural Competency: Training helps board members understand and respect the diverse cultural backgrounds of patients and staff, promoting an inclusive environment that respects cultural differences and values diverse perspectives.  Inclusive Leadership: Directors are trained in the principles of inclusive leadership, focusing on how to actively engage with and empower underrepresented groups within the workforce. This includes understanding how to promote diversity at all levels of Moorfields workforce. We would like to look at each Board member agreeing to at least one SMART EDI Objective a year.  Legal and Regulatory Frameworks: The Board receives training on the legal obligations surrounding equality, such as the Equality Act 2010, which requires organisations to eliminate discrimination, advance equality of opportunity, and foster good relations between different groups.  The information the Board receives is updated regularly to reflect new developments in EDI thinking, emerging best practices, and relevant legislative changes.  **Evidence:** Mandatory training, briefings, [Workforce Reports](file:///C:\Users\SiriusJ\Downloads\10%20241105%20PCC%20Item%205%20Workforce%20%20OD%20Priorties%20and%20Programmes%20Overview%20and%20Update%20-%20Nov%202024.pdf), other training (NEDs self-assessment returns), [Health Inequalities Data Analysis training report.](file:///C:\Users\SiriusJ\Downloads\22%2032.24%20Health%20Inequalities.pptx)  Michael Marsh (NED) has undertaken a Leadership for Inclusion Programme recently, prior to joining MEH as part of his role for NHSE.  Pete Thomas has attended anti-racism workshops.  Nick Roberts (Exec) commissioned a project for technical enhancements for the Trust Board and Membership Council to try to improve inclusivity and provide a more inclusive environment for colleagues with auditory and visual impairments.  **Advocacy and Collaborative Approaches and External Partnerships**  The Board receives reports on how Moorfields works with external organisations to strengthen EDI. Some of these include:  Partnerships with Community Groups: Moorfields board collaborates with local and national community organisations (including RNIB, members, patient groups) to understand the challenges faced by underserved or vulnerable populations. These groups might provide insights into how our services can be made more accessible or how the workplace culture can be more welcoming.  EDI Networks: Moorfields has established networks for staff, such as MoorPride (LGBTQ+ staff networks), MoorAbility (supporting staff with disabilities and long-term health conditions), BeMoor (advancing EDI), women’s staff network. The Board ensures these networks are well-supported and that they are assigned executive director leads to ensure a direct line of communication to the wider senior leadership to highlight issues affecting these groups.  External Audits and Reviews: To ensure accountability and to identify areas for improvement, the Moorfields sometimes invites external bodies to conduct audits of its EDI policies and practices. These audits evaluate whether we are meeting our legal and moral obligations regarding equality. RSM conducted an internal audit of [Diversity and Equality in March 2023](file:///C:\Users\SiriusJ\Downloads\30%20230411%20ARC%20RSM%20Item%2005aiii%20Equality%20and%20Diversity%20Review%207.22.23%20FINAL%20MEH.pdf) and the report was considered by the Board’s Audit & Risk Committee.  **Evidence:** Staff groups led by senior executive board directors, audit reports, NEDs attendance at staff groups, NHSE EDI Plan, RSM UK EDI Internal Audit, Anti Racism Charter signature (Excellence Portfolio).  Adrian Morris (NED) is the exec sponsor for the disability network at Haleon which hosted an international day for person with disabilities with over 700 attendees.  Adrian Morris (NED) is a member of the DEI Council at Haleon.  Andrew Dick (NED) has developed and held workshops and activities, to bring inclusive behaviour at the Institute of Ophthalmology (IoO). Encouraging and established diversity in the leadership at the IoO across broad range of activities.  Andrew Dick (NED) holds ‘Meet the Director’ forums through his role at IoO. These are for technical and professional support staff, and early career researchers (ECR) and PhD students (which includes MEH staff).  Jon Spencer (Exec) attended network events celebrating Black History Month, lunch events celebrating Eid al-Fitr and Pride events.  Jon Spencer (Exec) is the MEH exec lead for MoorPride network group.  Jon Spencer (Exec) is a mentor for MEH Darzi’s fellows. The topic allocated to both the current and last year’s fellows has been health inequalities.  Jon Spencer (Exec) is SRO of Oriel and EPR which are programmes making improvements in the way that they engage staff and patients. Examples of this include the co-design of a new patient portal and an independent assessment of patient’s views on the use of a single point of access.  Sheila Adam (Exec) is the exec sponsor for BeMoor network group.  Sue Steen (Exec) is the exec sponsor for MoorAbility network group and was the exec lead for the LGBTQI for the her previous employer.  Elena Bechberger (Director of Strategy and Partnerships) is the sponsor of Aurora (women’s network), promoting gender equity through mentoring and leadership initiatives.  1. Anti-Racism Charter and Leadership Training:  o Executive coaching sessions focus on embedding anti-racism into leadership accountability, ensuring inclusive leadership behaviours (Minutes: 05 Nov 2024).  o Anti-Racism Charter Tracker updates shared with leaders, showing progress on pledges and accountability metrics.  2. EDI Leadership Walks:  o Executive Floor Walks designed to enhance leader engagement with staff on EDI issues, supported by structured feedback tools and prompts.  3. Inclusive Leadership Development:  o Regular updates provided on leadership and culture projects, including sessions addressing racial equity and inclusion within senior management.  4. Support for Diverse Staff Networks:  o Regular contributions from network co-chairs on initiatives such as MoorAbility’s neurodiversity workshops and MoorPride’s LGBTQ+ visibility campaigns. | 2 |  |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | **EDI Reports and Metrics**  To ensure accountability and transparency in EDI efforts, the Board regularly reviews detailed reports and metrics. These reports typically include:  Workforce Demographics: These reports provide detailed data on the diversity of NHS staff at various levels, from entry-level positions to senior leadership. This includes information about gender, race, disability status, sexual orientation, and other protected characteristics.  Representation Across Senior Roles: Board members assess how diverse the senior leadership team is compared to the overall workforce. There is a gap at Board level, action plans have been created to improve the recruitment, retention, and promotion of diverse talent into leadership roles.  Equality Impact Assessments (EIAs): The Board reviews EIAs for major policy changes, staffing decisions, and patient care initiatives. These assessments evaluate how different groups are affected by the changes and whether any groups might experience negative impacts.  Staff Satisfaction and Inclusion Surveys: Regular surveys are conducted to measure staff satisfaction with the NHS as an employer, with a particular focus on inclusivity. These surveys help the board understand the lived experiences of staff from diverse backgrounds. The Board has acknowledged that the experience of Moorfields’  international educated nurses and staff with a disability and longterm condition needs to improve and has overseen ongoing action.  Patient Experience Data: Metrics related to patient care are crucial to EDI advancement. This data includes patient feedback, complaints, and satisfaction levels segmented (when possible) by demographic factors (e.g., ethnicity, age, gender). The Board looks for trends in the data, ensuring equitable treatment of all patient groups.  Training and Development Metrics: The Board reviews how well diversity and inclusion training are being adopted across the organisation. This can include participation rates in mandatory EDI training and the impact of such training on our overall culture.  Setting clear policies: Equality, Diversity and Inclusion (Our EDI policy sets out how we ensure that neither patients nor staff are treated differently because of any protected characteristic they may have), Mental Capacity Act and deprivation of liberty safeguards (Domestic abuse and abuse), Consent Policy, Privacy and Dignity, Moving and Handling, Complaints policy, Data Protection, Dementia Policy / Learning Disability, Incident reporting, Interpreting and Translation policy, Non-emergency Patient Transport, Security, Slips, trips and falls.  Health Inequalities: Board oversight of statutory and health policy requirements for monitoring and reviewing health inequalities. A systematic and sustainable approach for concurrently reporting on our performance for any disparities in the delivery of our services as BAU report to Quality & Safety Committee, to Board twice a year and in Trust Report.  Excellence Portfolio: The Excellence portfolio is our framework to deliver organisational change. It includes four executive led programme boards, now in their third year. The Board receives regular progress reported including in April 2024 when the status update was presented at the Board Strategy Day.  **Evidence:** People & Culture Committee papers, Quality & Safety Committee papers, EDI Annual Report(various reports), EPR Decision EIA and accessibility - minutes and papers, Staff Survey and analysis, integrated performance report, complaints, FTSU reports, Mandatory Training statistics, Excellence Portfolio – Board Strategy Day 25 April 2024, Eye [Healthcare Inequalities Improvement Group (EHIIG) papers](file:///H:\EDI\DATA%20DRIVEN%20CHANGE\EDS\Eye%20Healthcare%20Inequalities%20Improvement%20Group%20(ToR)%20-%20Draft%20v1.1.docx).   1. **Equality Impact Assessments (EHIAs):**    * Introduction of improved EHIA templates to ensure equality impacts are systematically reviewed and addressed during decision-making processes (Minutes: 06 Aug 2024). 2. **Data-Driven Decision-Making:**    * Comprehensive EDI Baseline Data analysis presented at regular intervals to identify disparities and propose mitigations in recruitment and promotions. 3. **EDI Steering Group Discussions and Papers:**    * Minutes include strategic reviews of projects like “Leadership and Culture, Data-Driven Change and Fair Opportunities for All”, addressing EDI issues including recruitment biases and promotion disparities, signing up, promoting data transparency by building EDI dashboard and implementation of Anti-Racism Charter. 4. **Risk Mitigation Plans:**    * Use of structured feedback and project updates to evaluate risks, such as disparities in senior leadership representation. | 2 |  |
| 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients | **Championing representation through Staff and Patient Stories**  Both staff stories and patient stories play a fundamental role in EDI understanding, providing qualitative insights that complement the quantitative data in reports.  Staff Stories: At every meeting the Board of Directors gathers staff experiences, particularly from underrepresented groups this is in-person (and as reported elsewhere also through surveys, interviews, or focus groups). These stories help the Board understand barriers to career progression, feelings of inclusion, or exclusion, and areas where Moorfields can improve its workplace culture. Stories from staff who have faced discrimination or bias can inform policy changes and the development of more inclusive practices.  Patient Stories: The Board also prioritises gathering stories from patients about their care experiences, especially from marginalised communities. For example, stories from ethnic minorities, LGBTQ+ individuals, disabled patients, and others offer insights into how patients from different backgrounds experience healthcare. These stories are often shared in patient forums or through patient experience surveys, helping the Board to understand the realities of care and whether patients feel they are treated with dignity, respect, and fairness.  **Evidence:** [Staff](file:///C:\Users\SiriusJ\Downloads\29%20Staff%20Story%20EDS%20Minutes%20of%20Meeting%20in%20Public%20241128.docx) and [Patient](file:///C:\Users\SiriusJ\Downloads\28%20Patient%20Story%20EDS%20Minutes%20of%20Meeting%20in%20Public%20240926.docx) Stories (minutes), Patient Report Membership Council, FTSU, surveys/feedback.  **Active Participation in Action Plans and Progress Reviews**  The Board regularly updates action plans to ensure that EDI remains a priority. This includes:  Setting Clear Objectives: The Board sets specific, measurable objectives for improving EDI across various areas. This can involve targeting improved representation of minority groups within the workforce, ensuring equal access to training and career advancement, or addressing disparities in patient care outcomes.  Regular Progress Reviews: EDI performance is reviewed regularly through meetings where the Board assesses progress against set objectives. These reviews are often backed up with data, such as changes in the diversity of the workforce or improvements in patient satisfaction scores for marginalised groups.  Feedback Loops: EDI progress is discussed in partnership with key stakeholders, including staff representative groups (such as trade unions and staff networks), patient advocacy groups, and other external partners. This helps the Board ensure that its efforts are aligned with the needs of both employees and patients.  **Evidence:** Operational Plan, EDI Programme Pathway at People & Culture Committee, business plan, [workforce strategy](file:///C:\Users\SiriusJ\Downloads\26%20Strategy_22_27_web.pdf), integrated performance reports, WRES/WDES statistics, Gender Pay Gap reporting, IPR, feedback loops into People & Culture Committee (papers), oversight of accessibility improvements in a number of areas including the improvement to our Complaints and PALS service, implementation of AIS standards, digitisation of patients letters, handling of queries via our booking centre, the linking of our patient portal to the NHS app and planned introduction of an outpatient waiting list (report).  Jon Spencer (Exec) chairs the Divisional Performance reviews for the clinical / operational divisions. As part of the agenda for these meetings, he will challenge the divisional management teams about any areas of their operational performance which is not improving. If local variations in care are identified, then they are reported on the divisional risk register allowing him to advocate for resources to be utilised to address the issues in question.  Justin Betts (Exec) attends performance reviews, business planning and efficiency savings reviews which include equality issues relating to equality and health inequalities.  Justin Betts (Exec) completes end of employment exit interviews.  **Tackling health inequalities**  Led by the organisation’s consultant in public health and ophthalmology, with the support of the trust’s analytical and informatics team, completed initial data analysis into issues of health inequality and disparity in service provision. This focused on uptake and access to services across patient demographics and deprivation levels.  Initial findings indicated that once patients are within our system, variations in access and uptake of services were seen for:  • Type of Attendance outcomes of booked OPD appointments - by Risk  • RTT for surgical episodes completed in 2022-23 - by Deprivation, Risk and Need  This important piece of work continues to aid the trust in better understanding how it delivers its activity to Moorfields patients, who have a broad socio-economic and cultural diversity. During the year the work moved into a second phase using the data to establish strategies and actions to address these and act as a focal point for change where required. The recent report ensured that there is a sustainable mechanism for analysis and reporting to ensure that this issue is at the heart of the way in which the trust monitors its service delivery and levels of performance.  The Quality & Safety Committee received report Making Better Use of Routine Health Data for concurrent BAU reporting and review of performance and healthcare inequalities.  **Evidence**: Health Inequalities report to Quality and Safety Committee May 2024 and MC on 28 November 2024  Andrew Dick (NED) has given talks on equality and opportunity in science and academia (related to health) as part of his role at IoO.  Jon Spencer (Exec) oversaw a pilot to test where AI may be able to predict those patients most at risk of not attending their outpatient appointment.  Pete Thomas (Exec) has spoken about the single point of access work including the deprivation work extensively. The deprivation work was part of the presentation that lead to MEH winning the HSJ Innovation of the Year 2024.  Pete Thomas (Exec) lead the NHS England Eyecare Accelerator for London, and we have recently won the NCL “Lead Provider of Community Ophthalmology” contract. Within that contract we have a commitment actively to tackle inequality in the provision of eyecare. This includes setting up a specific deprivation and inequality steering group, and helping the ICS and all providers to implement changes that improve things from this perspective.  Sheila Adam (Exec) attend regular ICB meetings re health inequities.  **Further evidence:**   1. **Equality Impact Assessments (EHIAs)**:    * Introduction of improved EHIA templates to ensure equality impacts are systematically reviewed and addressed during decision-making processes (Minutes: 06 Aug 2024). 2. **Data-Driven Decision-Making**:    * Comprehensive EDI Baseline Data analysis presented at regular intervals to identify disparities and propose mitigations in recruitment and promotions. 3. **EDI Steering Group Discussions and Papers**:    * Minutes include strategic reviews of projects like “Leadership and Culture, Data-Driven Change and Fair Opportunities for All”, addressing EDI issues including recruitment biases and promotion disparities, signing up, promoting data transparency by building EDI dashboard and implementation of Anti-Racism Charter. 4. **Risk Mitigation Plans**:    * Use of structured feedback and project updates to evaluate risks, such as disparities in senior leadership representation   **Additional Information – Linking to All Three Questions (3A, 3B and 3C)** **Role of EDI Steering Group:**  1. **EDI Steering Group Structure and Role:**  Chaired by Sue Steen, Chief People Officer, the EDI Steering Group serves as a central council dedicated to advancing inclusion across the Trust. It directly reports to the Management Executive (ManEx), the Trust’s executive team, highlighting its strategic importance in shaping equality, diversity, and inclusion (EDI) initiatives.  Frequency: The group convenes monthly, ensuring consistent progress on EDI objectives and timely responses to emerging issues.  Membership: The Steering Group brings together representatives from diverse teams, ensuring a comprehensive and inclusive approach. Members include:   * Staff Networks (e.g., MoorAbility, BeMoor, and MoorPride). * Head of Nursing. * Legal Services. * Freedom to Speak Up Team. * XDU (Equality and Diversity Unit) Team. * Major Project Team.   This diverse membership ensures holistic decision-making and accountability on EDI-related issues.  2. **Focus on Leadership Accountability:**  The agendas and minutes demonstrate a strong emphasis on senior leadership’s active involvement in EDI initiatives, ensuring alignment with organisational values and strategic goals.  Examples include updates on:   * EDI programme – (Leadership and Culture, Data-Driven Change and Fair Opportunities for All) * Staff network updates * EDI Comms updates * Other OD programmes including Leadership training, Values and Behaviours project and review and implementation of inclusion-focused policies. * Regular updates on EDS2022 * Anti-Racism Charter   3. **Alignment with EDS 2022 Framework:**  The EDI Steering Group’s work aligns closely with the Equality Delivery System (EDS) 2022 framework. Key focus areas include:   * Driving progress through robust data analysis. * Strengthening staff engagement mechanisms. * Providing strategic oversight to address health inequalities.   4. **Supporting Evidence:**  Agendas and minutes from the EDI Steering Group substantiate all outcomes under Domain 3. The group’s commitment to fostering inclusivity is evident through:   * Consistent focus on leadership and culture projects. * Evaluation of staff network contributions. * Systematic reporting on performance and inclusion metrics. | 1 |  |
| **Domain 3: Inclusive leadership overall rating** | | | 5 |  |

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| **Third-party involvement in Domain 3 rating and review** | |
| **Trade Union Rep(s):**  Leoni Awiah – Staff side | **Independent Evaluator(s)/Peer Reviewer(s):**  Natoya Mamby – NCL EDI Lead |

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| EDS Organisation Rating (overall rating): 16 |
| Organisation name(s): Moorfields Eye Hospital |
| Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**  Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**  Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**  Those who score **33,** adding all outcome scores in all domains, are rated **Excelling** |

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| **EDS Action Plan** | |
| **EDS Lead**  **Ade Adetukasi, Associate Director of Employee Experience** | **Year(s) active**  **2024/25** |
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| **EDS Sponsor**  **Sue Steen, Chief People Officer** | **Authorisation date** |
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| **Domain** | **Outcome** | **Objective** | **Action** | **Completion date** |
| **Domain 1: Commissioned or provided services** | 1A: Patients (service users) have required levels of access to the service | There is a need to improve data collection and monitoring for patients access to the services, with specific provision  for patients from protected characteristics group.  To achieve a rating of 2 in the next EDS cycle 12 months, the trust needs to evidence the following:  Data and evidence to show relevant patients with higher risks due to a protected characteristic or at risk of health inequalities (75% of those using the service) have adequate access to the service.  Patients consistently report good or very good (or the equivalent) when asked about accessing services. Demonstration that the organisation has identified barriers to accessing services | Learning from the EDS assessment on gap in patient access data collection, especially in relation to protected characteristics data, will be escalated to the EPR project team as the implementation of the new EPR system is expected to significantly enhance the collection and monitoring of patient access data.  Mitigations for monitoring in meantime include:   * To raise awareness amongst frontline staff on the need for collecting demographic data as part of the promotion of the new EHIA protocol. * Local staff and service managers will be supported by the EDI team in improving data collection for patients from protected characteristic groups and those at risk of health inequalities. * To escalate learning from the EDS assessment of services to the Patient and Carer Race Equality Framework (PCREF) implementation working group to ensure inclusion of health inequalities data into trust’s leadership and governance arrangements. * To include learning from the assessment in the trust’s new EHIA training for managers   These actions will guide us toward improving our performance and achieving a rating of 2 in the next EDS assessment cycle in February 2026. | Dec 2025 |
| 1B: Individual patients (service users) health needs are met | To achieve a rating of 2 within the next EDS cycle – the required level of activity the Trust needs to evidence the following:  Patients at higher risk due to protected characteristic needs are met in a way that works for them.  The organisation often consults with patients with higher risks due to a protected characteristic to commission, designed, increase, decrease, de-commission and cease services provided.  The organisation signposts to VSCE organisations and social prescribing.  Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisation. | EDI team and steering group to reinforce application of the trust’s new EHIA protocol across all services related changes and development.  To escalate learning from the EDS assessment of services to the Patient and Carer Race Equality Framework (PCREF) implementation working group to ensure inclusion of health inequalities data into trust’s governance arrangements.  To ensure that quality improvement processes are informed by this data, making patient care continuously more inclusive.  These actions will guide us toward improving our performance and achieving a rating of 2 in the next EDS assessment cycle in February 2026. | Dec 2025 |
| 1C: When patients (service users) use the service, they are free from harm | To achieve a rating of 3 within the next EDS cycle, the required level of activity the trust needs to evidence are the following:  The organisation has procedures/initiatives in place to enhance safety in services for all patients in protected characteristic groups where there is known H&S risks.  Staff and patients are supported and encouraged to report incidents and near misses. The organisation encourages and promotes an improvement culture actively including equality and health inequality themes in safety incidents and near misses.  The organisations work with system and community partners to improve safety outcomes for people, using existing data and driven by service need/risk | The EDI team will work with local managers and staff to ensure that there is provision for capturing and monitoring data specific to patients from protected characteristics groups  To support services in the introduction of initiatives to enhance safety in services for patients in protected characteristics groups where there is known health and safety risks.    To ensure protected characteristics data or information are embedded into local systems to support themes collation and make it easier to identify learning, patterns, and emerging issues requiring more work or support.  These actions will guide us toward improving our performance and achieving a rating of 3 in the next EDS assessment cycle in February 2026. | Dec 2025 |
| 1D: Patients (service users) report positive experiences of the service | To achieve a rating of 2 within the next EDS cycle, the required level of activity the trust needs to evidence are the following:  The organisations collate data from patients with protected characteristics about their experience of the service.  The organisations create evidence-based action plans in collaboration with patients and relevant stakeholders, and monitors progress.  The organisation shows understanding of the link between staff and patient treatment and demonstrate improvement in patient experiences | EDI team to support local managers in putting in place systems for  - patient feedback to include demographic details  -enabling those that English is not their first language to be able provide feedback on services.  - ensuring that the unique need of patient from protected characteristics group are catered for  -enabling improved data collection for getting a better understanding of the satisfaction of patients with protected characteristics  -ensure equal access to patient that don’t use technology.  These actions will guide us toward improving our performance and achieving a rating of 2 in the next EDS assessment cycle in February 2026. | Dec 2025 |

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| **Domain** | **Outcome** | **Objective** | **Action** | **Completion date** |
| **Domain 2:**  **Workforce health and well-being** | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | To build on existing staff health and wellbeing resources with provision for supporting staff and protected characteristics groups at risk of developing diabetes, obesity, asthma, and COPD.  To achieve a rating of 3 within the next EDS cycle, the required level of activity the trust needs to evidence are the following:  The organisation monitors the health of all staff. The organisation supports all staff to actively manage their conditions via various methods.  The organisation uses sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment.  The organisation actively works to increase health literacy within its workforce. The organisation promotes and provides innovative initiatives for work-life balance, healthy lifestyles, encourages and provides opportunity to exercise.  The organisation signposts to national and VSCE support. The organisation uses data to support their workforce in making healthy lifestyle choices. | Work with our Occupational Health provider and the Staff Wellbeing team to monitor and target interventions by protected characteristic for:   * + Obesity   + Diabetes   + Asthma   + COPD   To complete ongoing process for securing charitable funds to support provision of psychological and mental health support.  To work jointly with employee networks group in raising awareness and health promotion of high risk associated with protected characteristics groups.  To work jointly with health and wellbeing champions to promote work-life balance and healthy lifestyles to monitor and improve uptake by protected characteristic. | Dec 2025 |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | To strengthen and evaluate effectiveness of existing systems and process to ensure staff are free from abuse, harassment, bullying and physical violence.  To achieve a rating of 2 within the next EDS cycle, the required level of activity the trust needs to evidence are the following:  The organisation has a zero-tolerance policy for verbal and physical abuse towards staff.  The organisation penalises staff who abuse, harass or bully other members of staff and takes action to address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience Staff with protected characteristics are supported to report patients who verbally or physically abuse them.  The organisation provides appropriate support to staff and where appropriate signposts staff to VSCE organisations who provide support for those who have suffered verbal and physical abuse. | As part of the EDI programme Data Driven Change workstream, to carry out data triangulation on:   * Disciplinary outcomes for harassment against protected characteristic groups, targeting interventions appropriately. * Staff survey results which form the basis of targeted interventions by protected characteristic re:   + - Harassment, bullying and abuse from patients, relatives, or the public     - Harassment bullying and abuse from staff     - Physical violence from patients, relatives, or the public     - Physical violence from staff   As part of the planned commissioning of a trust-wide anti-racism training programme and the new leadership programme, to provide resources for managers and staff on effectively responding to and managing bullying and harassment concerns. | Nov/Dec 2025 |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | To fully understand staff experience of accessing independent support and advise (e.g. from FTSU, unions) when required and ensure that the trust monitors, and acts upon, data surrounding staff abuse, harassment, bullying and physical violence.  To achieve a rating of 3 within the next EDS cycle, the required level of activity the trust needs to evidence are the following:  The organisation facilitates pooling union representatives with partner organisations, to encourage independence and impartiality.  Freedom to Speak Up Guardians are embedded and empowered. Relevant staff networks are staff led, funded and provided protected time to support and guide staff who have suffered abuse, harassment, bullying and physical violence from any source.  Relevant staff networks are engaged, and equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence. Support is provided for staff outside of their line management structure.  The organisation monitors, and acts upon, data surrounding staff abuse, harassment, bullying and physical violence. The organisations use evidence from people’s experiences to inform action and change and influence other system partners to do so | To triangulate the following sources of data disaggregated by protected characteristic to inform actions:   * + Freedom to Speak Up data   + Unions membership and activity data   + Exit interviews data   + Any additional data showing measurable impact and outcome of independent support for staff | Nov/Dec 2025 |
| 2D: Staff recommend the organisation as a place to work and receive treatment | To increase the percentage of staff recommending the organisation to over 70%. Current percentage is 66%.  To achieve a rating of 2 within the next EDS cycle, the required level of activity the trust needs to evidence are the following:  Over 70% of staff who live locally to services provided by the organisation do/would choose to use those services. Over 70% of staff who live locally are happy and regularly recommend the organisation as a place to work.  Over 70% of staff who live locally to services provided by the organisation would recommend them to family and friends. The organisation uses sickness and absence data to retains staff.  The organisation uses data from end of employment exit interviews to make improvements. The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members, and acts upon the data. | As part of our ongoing EDI, Embedding Values, and the new Leadership Development programmes, the trust will:   * deliver various initiatives to improve staff experience supported by active engagement and feedback loop to ensure prompt response to staff feedback and concerns. * Triangulate staff survey and quarterly pulse survey data to ensure targeted actions to improve staff experience * Use exit interview data to identify barriers to satisfaction and put in place targeted improvements. | Nov/Dec 2025 |

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| **Domain** | **Outcome** | **Objective** | **Action** | **Completion date** |
| **Domain 3:**  **Inclusive leadership** | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | To ensure board members and senior leaders demonstrate commitment to health inequalities, equality, diversity, and inclusion.  To ensure that Board members hold services/departments and leaders to account, allocate resources, and raise issues relating to equality and health inequalities on a regular basis.  To achieve a rating of 3 within the next EDS cycle, the required level of activity the trust needs to evidence are the following:  Both equality and health inequalities are standing agenda items in all board and committee meetings. Board members and senior leaders meet frequently with staff networks.  Staff networks have more than one senior sponsor. Board members and senior leaders sponsor religious, cultural or local events and/or celebrations. Board members and senior leaders enable underserved voices to be heard Board members hold services to account, allocate resources, and raise issues relating to equality and health inequalities on a regular basis.  Board members implement the Leadership Framework for Health Inequalities Improvement. Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity and/or inclusion.  Board members and senior leaders actively communicate with staff and/or system partners about health inequalities, equality, diversity and inclusion. | The EDI team will work jointly with the trust secretariat to strengthen Board records and reporting on EDI and health Inequalities, by:   * Ensuring all board papers have an equality item to prompt discussion and to provide recommendations for allocation of resources to mitigate inequalities and health inequalities. * Introducing a system for planning, recording and reporting Board members activities to support EDI and address health inequalities | July 2025 |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | To ensure that Board/Committee papers identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.  To achieve a rating of 3 within the next EDS cycle, the required level of activity the trust needs to evidence are the following:  Both equality and health inequalities are standing agenda items in all board and committee meetings.  Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required. Staff risk assessments, specific to those with protected characteristics, are completed and monitored (where relevant).  Required actions and interventions are measured and monitored. The WRES, WDES and/or NHS Oversight and Assessment Framework are used to develop approaches and build strategies. Equality and health inequalities are reflected in the organisational business plans to help shape work to address needs | Under the trust’s EDI programme, the new and piloted EHIA protocol will be fully implemented trust-wide, including formal ratification of the new protocol forming part of the process for embedding the EHIA into business-as -usual operations.  As part of embedding the new EHIA process and supporting training, to ensure EHIA becomes a strategic, sustainable, and impactful tool in decision-making, governance, and policy development across the trust.  The EDI team will work jointly with the trust secretariat to strengthen reporting and related governance of board and senior leadership support for equality and health Inequalities | July 2025 |
| 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients | To ensure that Board members, and senior leaders monitor the implementation and impact of actions required and raised by:  WRES  WDES  Gender Pay Gap  EDS 2022  EHIAs  To achieve a rating of 2 within the next EDS cycle, the required level of activity the trust needs to evidence are the following:  Board members, system and senior leaders ensure the implementation and monitoring of the relevant below tools. Interventions for unmet goals and objectives are present for the relevant below tools.  Those holding roles at AFC Band 8C and above are reflective of the population served Organisations are able to show year on year improvement using Gender Pay Gap reporting, WRES and WDES.  Board members, system and senior leaders monitor the implementation and impact of actions required and raised by the below tools: WRES (including Model Employer), WDES, Impact Assessments, Gender Pay Gap reporting, Accessible Information Standard, end of employment exit interviews, PCREF (Mental Health), EDS 2022 | The EDI team will introduce quarterly EDI report for ManEX and the People and Culture Committee monitoring impact of EDI activities and allocation of resources to ensure improvement against the action plans related to WRES, WDES, Gender Pay Gap. And EDS 2022. |  |

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